# Families of SMA Canada

**Suggested Annual Donation for Family Membership $30**

*We ask for a donation for membership to help cover the costs associated with the printing and mailing of our newsletters.

**Payment Method**

Cheque

Money Order

VISA

MasterCard

Amount enclosed or to be charged $_____

Credit Card #

_____

Expiration Date:

_____

Name on card:

_____

Signature:

_____

Family Name_____

E-mail_____

Family Address_____

City, Prov., Postal Code_____

Home Phone_____

Work Phone_____

Mobile Phone_____

Mother/Wife/Guardian_____

Address if not same as above_____

Phone if not same as above_____

Father/Husband/Guardian_____

Address if not same as above_____

Phone if not same as above_____

Relationship to affected person_____

Affected person's name_____

M / F Date of birth_____

SMA Type 1, 2, 3, 4 Date of Diagnosis_____

Current Status_____

Date of death (if applicable)_____

Other persons NOT affected by SMA (siblings, children, parents)

Name_____ M / F DOB:_____

Name_____ M / F DOB:_____

Name_____ M / F DOB:_____

Name_____ M / F DOB:_____

May we add your name/address to our family contact list? Y / N

Return to **FSMA Canada Membership**, #103 – 7134 Vedder Road, Chilliwack, B.C. Canada V2R 4G4
Or FAX to (604) 824 - 1363